

## **Third Annual Report**

**Health Alliance International  
Central Mozambique Child Survival and Maternal Care Project  
Manica and Sofala Provinces, Mozambique**

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## **Abbreviations**

|        |  |
|--------|--|
| ADPP   | Development Aid People-to-People                   |
| AIDS   | Acquired Immunodeficiency Syndrome                 |
| CLC    | Community Leaders Council                          |
| COPITA | Italian Cooperation                                |
| CS     | Child Survival                                     |
| CSW    | Commercial Sex Worker                              |
| DIP    | Detailed Implementation Plan                       |
| DPS    | Provincial Health Directorate                      |
| HIV    | Human Immunodeficiency Virus                       |
| HSDS   | Health Services Delivery Support Project           |
| IEC    | Information, Education, Communication              |
| IMCI   | Integrated Management of Childhood Illness         |
| ITN    | Insecticide-treated bednet                         |
| MCH    | Maternal and Child Health                          |
| NGO    | Non-governmental Organization                      |
| OMES   | Organization for the Education of Women about AIDS |
| PAC    | Cultural Activists Program (Portuguese)            |
| PVO    | Private Voluntary Organization                     |
| PSI    | Population Services International                  |
| STI    | Sexually Transmitted Infection                     |
| TBA    | Traditional Birth Attendant                        |
| UNOPS  | United Nations Office for Project Services         |
| VCT    | HIV Voluntary Counseling and Testing               |

## A. Progress Towards Meeting Objectives

The project has surpassed its objectives in most categories, and is on track to meet objectives in several other areas. Prenatal syphilis screening is so successful it has become a model for best practices within Mozambique, in the region, and even worldwide, with formal presentations at national and international conferences. Birth coverage by trained attendants is increasing, and assessment of HAI's work is defining national policy for TBAs. Community leaders councils have been enormously strengthened via the development of community plans for AIDS and obstetric emergencies, and by their innovative work generating income by social marketing of insecticide treated bednets. School AIDS clubs have become a norm in middle and secondary schools of Beira (500,000) and are being expanded. Sex workers are involved several nights a week doing peer and client education. IEC via street theater, CLCs, and health workers is expanding each year.

HAI also played a very strong role in the national health conference held in June 2001; project staff were invited to make 11 formal presentations (out of a total of ~150), covering all of the work in the CS project. These presentations were a natural opportunity for project innovations to be viewed at a national level by the Prime Minister, Minister of Health, and all of the other major health decision makers. Subsequent to these presentations, HAI staff have been invited to participate in national policy making in all project areas.

Some community-based indicators have shown slow change, notably early prenatal care seeking. Furthermore, lack of national norms for prenatal malaria management have impeded progress in this area. The massive floods of 2000 and 2001 also slowed some of the project's progress (see section B.) Nevertheless, the project has been highly successful in meeting most of its objectives. Table one lists specific objectives and progress as was determined by the mid-term evaluation.

| Objective   | Type of Objective         | On Target ? | Comments  |
|---|---------------------------|-------------|---|
| <b>Maternal and Newborn Care (40% of effort)</b>  |                           |             |   |
| 1) Improve the community knowledge and utilization of prenatal, postnatal, safer delivery and newborn care in two provinces of Mozambique:  |                           |             |   |
| <ul style="list-style-type: none"><li>• Increase the proportion of pregnant women who seek prenatal care in the first or second trimester of pregnancy from 40% to 60%</li></ul>          | Technical                 | No          | Increased to over 50% - results from research on delayed prenatal care currently being included in IEC approach |
| <ul style="list-style-type: none"><li>• Increase the proportion of pregnant women who have a postnatal care visit from 30% in Manica and 25% in Sofala to 50% in both provinces</li></ul> | Technical                 | Yes         | Reached over 70% in Manica, approaching 50% in Sofala   |
| <ul style="list-style-type: none"><li>• Increase the proportion of mothers who know three key danger signs of an obstetric emergency from 38% to 60%</li></ul>                            | Commun. Capacity Building | Yes         | Intensive IEC continues – drama presentations, CLC trainings, radio, posters                                    |

|   |                           |     |   |
|---|---------------------------|-----|---|
| <ul style="list-style-type: none"> <li>• Increase to 60% the proportion of rural community leader councils (CLCs) that have a plan for transport of a woman with an obstetric emergency</li> </ul>  | Sustainability            | Yes | 100% of CLCs trained and completed community plans                            |
| <ul style="list-style-type: none"> <li>• Increase the proportion of women who utilize the assistance of a trained birth attendant at the time of delivery from 55% in Manica and 30% in Sofala to 65% in Manica and 50% in Sofala</li> </ul>                        | Technical                 | Yes | Reached over 50% in Sofala, approaching 60% in Manica                         |
| 2) Improve the delivery of prenatal, postnatal, safer delivery and newborn care in the project area:  |                           |     |   |
| <ul style="list-style-type: none"> <li>• Increase the proportion of women in prenatal care who receive syphilis screening and treatment according to recommended protocols from 40% in Manica and 20% in Sofala to 80% in both provinces</li> </ul>                 | Capacity Building         | Yes | 84% in Manica, over 90% in Sofala   |
| <ul style="list-style-type: none"> <li>• Increase the percent of health units having a plan for care of women with an obstetric emergency to 80%</li> </ul>   | Sustainability            | No  | Difficulties in developing written plans and procedures                       |
| <ul style="list-style-type: none"> <li>• 80% of all MCH staff in health units with maternities can describe and provide the key elements of pre/post natal care and safe deliveries, including arranging transport for women with an obstetric emergency</li> </ul> | Capacity Building         | Yes |   |
| <b>STI/HIV/AIDS Prevention (35% of effort)</b>  |                           |     |   |
| 1) The project will improve understanding, skills and protective behaviors for HIV prevention among project communities, women and school-going children so that:   |                           |     |   |
| <ul style="list-style-type: none"> <li>• 50% of women in project communities can list at least 3 practical ways to prevent HIV transmission</li> </ul>  | Commun. Capacity Building | Yes | High levels of knowledge on transmission and prevention                       |
| <ul style="list-style-type: none"> <li>• 65% of the schoolchildren age 10-17 years from the five schools targeted can list at least 3 practical ways to prevent HIV</li> </ul>  | Commun. Capacity Building | Yes | 6 anti-AIDS clubs active; over 60 professors and club leaders trained         |
| <ul style="list-style-type: none"> <li>• 40 active CLCs have a plan to prevent HIV in their community (25 in Manica and 15 in Sofala)</li> </ul>  | Sustainability            | Yes |   |
| <ul style="list-style-type: none"> <li>• 70% of OMES participants will report “usually” or “always” using a condom with non-regular partners</li> </ul>   | Technical                 | Yes | OMES expanded to additional 2 high-risk sites on the Beira transport corridor |
| <ul style="list-style-type: none"> <li>• 50% of students’ participating in Anti-AIDS Clubs will report that their peers are reducing high-risk behavior because of the threat of HIV/AIDS</li> </ul>  | Capacity Building         | Yes | Over 1,000 education sessions held annually in 6 anti-AIDS clubs              |

|   |                           |     |  |
|---|---------------------------|-----|--|
| 2) The project will promote HIV prevention skills and practices by health workers associated with the health units supported by the project, so that:   |                           |     |  |
| <ul style="list-style-type: none"> <li>90% of health units will have at least one staff member trained and active in demonstrating and teaching the proper use of condoms</li> </ul>                                  | Capacity Building         | Yes | Currently 62% coverage (234 health workers trained)  |
| <ul style="list-style-type: none"> <li>Health units will have condoms available and on display for at least 80% of bimonthly supervisory visits</li> </ul>  | Capacity Building         | Yes | Condoms widely available   |
| <ul style="list-style-type: none"> <li>Health units with maternities will have adequate stocks of latex gloves for at least 80% of the bimonthly supervisory checks</li> </ul>  | Capacity Building         | Yes | Stockouts rare   |
| <b>Malaria Control (25% of effort)</b>  |                           |     |  |
| 1) Improve case management and/or prevention of malaria in children under 5 and pregnant women:   |                           |     |  |
| <ul style="list-style-type: none"> <li>Provide assessment of levels and patterns of malaria drug resistance</li> </ul>  | Capacity Building         | Yes | Total of 4 resistance studies done with HAI support  |
| <ul style="list-style-type: none"> <li>Provide assessment of care-seeking behavior for mothers and children in four project sites</li> </ul>  | Technical                 | Yes | Presented at bi-annual national health conference  |
| <ul style="list-style-type: none"> <li>Increase from 40% to 60% the proportion of pregnant women whose prenatal malaria management complies with established standards</li> </ul>                                     | Technical                 | No  | Training targets met, but prenatal malaria management protocols are outdated and unrealistic (MOH still in the revision process) |
| <ul style="list-style-type: none"> <li>Increase from 50% to 70% the children under age 5 in two malaria focus areas having malaria symptoms in the preceding two weeks who have been appropriately treated</li> </ul> | Commun. Capacity Building | Yes | Over 90% of MCH staff trained in prenatal malaria management; limited implementation of IMCI; intensive IEC continues            |
| 2) Implement a trial of insecticide-impregnated bednets (ITNs) in two target areas:   |                           |     |  |
| <ul style="list-style-type: none"> <li>Provide an assessment of the feasibility, affordability and sustainability of the use of ITNs in central Mozambique</li> </ul>   | Technical                 | Yes | Presented at bi-annual national health conference  |
| <ul style="list-style-type: none"> <li>Increase from 10% to 70% the children under age 5 in two malaria focus areas who sleep under ITNs</li> </ul>   | Commun. Capacity Building | Yes | Over 5,000 ITNs sold in first year of sales  |

## **B. Factors Impeding Progress and Program Response**

### General Progress Impediments:

Although activities are meeting or surpassing targeted outputs in all areas, project implementation has been impeded by two unforeseen broad-reaching circumstances. The most dramatic constraint was the massive flooding of 2000 and 2001 (and the cyclone of 2000), which devastated living conditions for thousands of families in the project impact area. The destruction of crops, domiciles and livelihoods, with the accompanied increase in incidence of infectious diseases, significantly strained health services. Valuable human, financial and logistical resources from the Provincial Health Directorate (DPS) and HAI were dedicated for nearly 3 months of 2000 and 2 months of 2001 to controlling disease outbreaks (namely cholera and malaria), and providing sanitary living conditions and routine health services for over 50,000 displaced individuals. Despite the climate-related phenomenon, planned project activities continued using a more direct approach with district health personnel in non-affected areas.

The second unforeseen factor impeding progress towards achieving project objectives in all programs was the early termination of the USAID mission-funded PVOII grants program. The overlap in administrative and technical support was primarily in the Maternal and Newborn Care (MCH) and Public Health and Education sectors, and three key staff positions supporting the Child Survival (CS) project's objectives were temporarily supported by the CS project. HAI was able to find alternative funding for technical advisors for two of these positions in Manica, however, support for the Public Health and Education program in Sofala remains unfilled. To compensate for the loss of this position in Sofala, HAI has hired a program assistant for the MCH and STI/HIV/AIDS programs, who is primarily responsible for carrying-out time intensive community-based activities. HAI also consolidated its management team during and after the end of PVO2. The CS program manager position changed also during this time.

In addition to the general impediments noted above, there are other logistical, cultural, and policy-related challenges have hindered achieving objectives. These factors, and actions taken to overcome the challenges, are described below, grouped by intervention.

### **❖ Maternal and newborn care**

#### Antenatal syphilis screening

- Because of the syphilis screening program in Manica and Sofala, the two provinces use more RPR reagents than all other provinces, and therefore experience stock ruptures on an annual basis. To resolve the problem, HAI has worked with the provincial MCH and laboratory representatives to improve communication with the national program heads, in order to receive more reagents in the short term, as well as to increase RPR requisitions when making annual estimates for each province.

#### TBA program

- In June of 2001 the MOH began questioning the effectiveness of TBA training, to a large extent as a result of a critical assessment done and published by HAI. The MOH has put a moratorium on training new TBAs, though refresher courses continue. Until the MOH's position on TBAs is clarified, HAI will no longer train new TBAs, but will continue supporting refresher courses for trained TBAs.

- In addition, because of the end of PVOII financing, and in an attempt to make the TBA program more sustainable, HAI stopped supporting the quarterly supply of TBA materials. The DPS has been unable to provide these materials, resulting in a break in TBA reporting of activities.

### ❖ **Prevention of STI/HIV/AIDS**

#### STI/HIV/AIDS Advisor – Manica

- HAI's STI/HIV/AIDS Advisor for Manica province was chosen to be the provincial representative of the National AIDS Council in March of 2001. His replacement, Dr. Olimpio Durão Mola, was accepted and left for a Masters of Public Health program after working 5 months. His replacement, Sarah Gimbel, arrived in September, 2001. This turnover has slowed progress of the program in Manica Province, though Ms. Gimbel has done an extraordinary job in reinvigorating activities

#### Establishment of youth corner at health facilities

- Working with volunteer peer educators remains a challenge. The expected attrition has been a continual difficulty, and HAI with the MOH is studying incentive mechanisms to prevent losing trained peer educators.
- Because youth corner activities are held in the afternoon, they fall outside of the normal working hours for health services. Participation of health workers has therefore been sporadic, and HAI with the MOH is studying incentive mechanisms to increase the participation of health providers.
- Because the youth corner is a new initiative, monitoring systems remain weak. To overcome this challenge, HAI has worked with the newly appointed provincial heads of Adolescent Reproductive Health to define supervision requirements, define monitoring tools, and provide financial and logistical support for carrying out field supervisory visits.

### ❖ **Malaria control**

#### National policy uncertainty

- The national uncertainty about the first-line treatment for uncomplicated malaria has continued, though it appears that the MOH is close to providing new policies. HAI has been involved in drug resistance studies to assist the MOH in the discussion around appropriate drug policies.
- The national protocol for managing malaria in prenatal care (weekly chloroquine prophylaxis) is not feasible and is not being implemented nation-wide. Similar to the problem noted above, the MOH has been in the process of revising the policy for some time, and advances in prenatal management of malaria will depend on the provision of appropriate national policies.

### **C. Technical Assistance**

Headquarters staff have consistently provided technical assistance to the field staff. Good email connections have facilitated daily contact and transfer of relevant, state of the art materials to the field. Four visits per year by two HAI HQ staff provided additional on-site TA and keep the HQ staff up to date with new issues. HQ staff were also present at the national conference, and

active in policy discussions with the MOH. Furthermore, one or more high-ranking MOH officials have always been in public health training at the UW and interacting with HAI staff, who also teach in the public health program.

External technical assistance has been provided by a number of agencies within Mozambique, including ADPP for the initial organization of the school anti-AIDS clubs and PSI for development of the social marketing activities for bednets. WHO and UNICEF have provided occasional technical as well as financial support.

#### **D. Substantive Changes in Cooperative Agreement**

No substantive changes in the cooperative agreement were needed.

#### **E. Implementation of Recommendations from the Mid-term Evaluation**

The results of the mid-term evaluation were shared with HAI program staff and their MOH counterparts during individual and group feedback sessions. Based on the evaluation results, and those of the internal evaluation carried out by HAI and MOH counterparts prior to the mid-term evaluation, an Action Plan was developed and detailed in the Mid-term Evaluation Report. This Action Plan was incorporated into annual and quarterly workplans, and are currently, or have already been, implemented. The status of the implementation of this action plan is detailed below.

##### General Recommendation:

1. A long-term Child Survival Manager should be recruited quickly to replace Dr. Lucy Ramirez.

**Status – Completed:** Since September, 2000, Kenneth Sherr has been the official CS Manager.

##### Maternal and Newborn Care Recommendations:

1. Training and retraining of personnel:

- a) *Seek matching funding for continued TBA training and retraining.*

**Status – Completed:** Matching funds were sought for training and retraining TBAs, and were received from the Italian Cooperation (COPITA), Mercy Corps International, UNOPS and the John Snow, Incorporated HSDS grant program. All TBAs who were scheduled to attend a bi-annual refresher course were trained, and were held in peripheral health facilities in accordance with the Mid-term Evaluation recommendations. A particular focus of these refresher courses has been on dissemination of health messages concerning safe motherhood, and all TBAs were trained to use and provided with a poster for use in educating pregnant women about danger signs during obstetric emergencies.

- b) *Carry out 5-day provincial seminar for MCH staff.*

**Status – Completed:** A 5-day provincial seminar for MCH nurses was carried out in both provinces with support from COPITA and the HSDS project. The seminar provided a technical update on new norms, and refresher of existing national norms, on the management of malaria in pregnancy, prenatal care, maternal nutrition, STI/HIV/AIDS, and the TT schedule.



- c) *HAI/DPS/DDS should carry out integrated on-the-job training for MCH nurses to improve program outcomes, with CS and matching funds.*

**Status – Completed:** Integrated on-the-job training for MCH nurses to improve program outcomes was carried out following the 5-day provincial seminar with funds from the HSDS project and COPITA.

2. Increase women's knowledge of key MCH services

- a) *All CLCs in Manica and Sofala should be trained in the formulation of obstetric emergency plans. HAI should monitor the development and implementation of these plans.*

**Status – Completed:** All CLCs in Manica and Sofala have been trained in, and developed, transport plans for women with obstetric emergencies. HAI is currently in the process of monitoring the implementation of these plans.

- b) *Twice yearly new MCH plays should be developed by PAC with HAI/DPS/DDS, and these plays should target high risk groups. These plays should be accompanied by radio spots.*

**Status – Completed & Ongoing:** With technical support from HAI and the DPS/DDS, twice yearly new MCH plays are being developed by local theater troops, including two new groups in Sofala. These presentations are being complemented by radio spots with the same thematic focus as the drama presentation.

- c) *Field test, translate and introduce to communities and health posts the HSDS IEC materials.*

**Status – Completed:** Though the HSDS project has not produced useful didactic instruments for field testing and use, HAI has developed, field tested, and distributed 2,000 copies of a poster with danger signs during an obstetric emergency to be used as a teaching tool by health workers, CLCs and TBAs.

3. Conduct operations research on home delivery.

- a) *Conduct rapid interviews with pregnant women at prenatal sites at health facilities to determine their preference for delivery sites (to design more effective safe delivery programs).*

**Status – Completed:** A rapid survey was carried out in 20 health facilities in Manica and Sofala provinces, focusing on prenatal care and birth preferences. The results were presented at the bi-annual national health conference, and key results are being incorporated in the street theater presentations and radio spots in an attempt to increase early utilization of prenatal care and safe delivery services.

4. Recommendation for the MOH (potential role for HAI) – the MOH (DPS, DDS, and central level of MOH) should work towards improved management, procurement and distribution of drugs and medical supplies (including laboratory reagents and vaccines).

- a) *Continued technical assistance in program planning, training, evaluation and logistics should be provided to the DDS and DPS throughout the duration of the project.*

**Status – Completed & Ongoing:** Although this recommendation was for the MOH, HAI has been active in providing technical assistance to the health system in the provision of supplies related to the syphilis screening program.

### STI/HIV/AIDS Recommendations:

1. Mobilize resources for program expansion.
  - a) *HAI should develop and widely distribute to potential funding sources a comprehensive corridor-based HIV/AIDS prevention, care and support proposal.*  
**Status – Completed:** A large AIDS mitigation proposal was developed with the University of Washington and MSF-Luxembourg, and is in distribution. A smaller proposal was successfully submitted to WHO for the establishment of voluntary testing and counseling (VCT) and follow-up care services. Financial coordination for existing VCT services is ongoing with GTZ. In addition, HAI received funding from the provincial office of the National AIDS Council for training of health personnel.
2. Support technical assistance for IEC activities.
  - a) *Field test, translate and distribute IEC materials developed for the HSDS project.*  
**Status – Completed:** HSDS has not produced any IEC materials STI/HIV/AIDS prevention or care. HAI has developed, field tested, translated and distributed two posters, two pamphlets, conducted a massive radio campaign about VCT, and worked with PAC on two new HIV-related drama presentations.
  - b) *HAI should liaise with other NGOs to share IEC materials.*  
**Status – Completed:** In addition to distributing pamphlets to GTZ, MSF, PAC, and others, HAI has contributed educational materials to the National AIDS Council, which is compiling a database of educational materials for sharing among groups active in HIV/AIDS prevention and impact mitigation. HAI has ordered educational materials from other NGOs, such as Pathfinder and Unicef.
3. Systemize monitoring and evaluation of HIV/AIDS control and prevention activities.
  - a) *Update HIV/AIDS indicators to include post-training supervision and on-the job training.*  
**Status – Completed:** A bi-provincial meeting was held, with headquarters representation, to update HIV/AIDS program indicators to reflect expanded goals
4. Expand effective activities by tailoring IEC messages.
  - a) *Targeted radio messages and PAC presentations should use more dialect.*  
**Status – Completed:** All radio spots are done in four languages in Manica and three languages in Sofala, including the three dialects most widely spoken in Manica and Sofala. PAC presentations are done in Portuguese or in dialect, depending on the locale. Written pamphlets and posters are done in Portuguese, as literacy tends to be in Portuguese.
  - b) *Tailor IEC messages (radio, PAC) to target populations.*  
**Status – Completed & Ongoing:** All materials are designed with a target audience in mind. Many IEC materials are designed for vulnerable populations (such as military personnel, truck drivers, youth, etc), others are designed to attract certain sectors of the population (for example, to increase utilization of VCT services by women), and others still are designed for dissemination by CLCs and TBAs.
5. Revise indicators in bi-provincial 3-day workshop.  
**Status – Completed:** Though a workshop was not held to revise indicators, the

indicators were revised to reflect expanded program goals during bi-provincial meetings held during a headquarters monitoring visit.

6. Support MOH, DPS, DDS to distribute condoms, gloves and syringes.

**Status – Completed & Ongoing:** Through supporting integrated supervision, HAI continues to assist the MOH in identifying health facilities without an adequate supply HIV prevention supplies and insuring appropriate utilization. HAI also assists in the distribution of these supplies through transport support, and when necessary, procurement of supplies during stock outages.

#### Malaria Control Recommendations:

1. Support additional clinical studies on treatment protocols.

- a) *Additional clinical studies (resistance) for uncomplicated malaria should be carried out if required by MOH/WHO.*

**Status – Completed:** A total of four studies have been carried out in Manica and Sofala provinces. This surpasses the two studies initially planned, and the results have been well received by the MOH, which is in the process of reviewing protocols for treating uncomplicated malaria.

2. Continue to support the training and efforts of CLCs in promoting ITNs in the communities, and after the pilot to assess the effectiveness of CLCs versus commercial ITN vendors, support the expansion of ITN sales.

- a) *Depending on funding, scale-up ITN program to include Manica and Gondola districts.*

**Status – Ongoing:** With CDC and HSDS funding, the ITN project is in the process of being scaled up to 20 sites in Manica and Sofala provinces, utilizing both CLCs and shopkeepers as vendors.

- b) *An evaluation of the initial efforts should be completed and the revised program should take into account lessons learned.*

**Status – Completed:** The results of the initial demonstration project were collected and presented at the Nairobi CORE malaria conference in November, 2001. Though the initial experience showed CLCs sold more nets and had a higher rate of ITN re-impregnation than shopkeepers, the rate of shopkeeper sales increased as time went on, suggesting that they may be the more sustainability entity. As project scale-up begins, both CLCs and shopkeepers will be used as ITN vendors to better understand all advantages of each type of vendor.

3. Expand PAC theater presentations to complement CLC mobilization for the ITN and malaria control program.

- a) *With the DPS/DDS and PAC, develop, field test and implement one new malaria play per year.*

**Status – Completed:** PAC presentations have been expanded to include the 20 sites where ITN sales are soon to begin. PAC presentations have been adapted to include plays with specific messages on malaria transmission and appropriate case management; malaria prevention (with ITNs); and the importance of ITN re-impregnation. Plays have also been complemented with audio performances with similar themes that have been taped and are being aired on the radio.

4. Recommendations for MOH (potential role of HAI)
  - a) *Provide advisory support to the MOH malaria section on the development of IEC materials.*  
**Status – Ongoing:** A malaria pamphlet and poster with simple transmission and appropriate case management messages has been developed and is being field tested in both provinces. Upon completion it will be sent to the MOH for potential national use.
  - b) *In CS year four, present results of ITN pilot to MOH to guide policy recommendations.*  
**Status – Done:** Results are presented at the provincial level quarterly, and have been disseminated at the national level via the bi-annual national health conference.

## **F. Status of DIP Phase-out Plan**

The 1999 DIP guidelines did not include a request for a phase-out plan, so none was included. However, HAI is continually assessing ways in which program activities can be assumed by local groups, and has made substantial progress in that direction. Examples of important phase-out areas and progress to date include the following:

Syphilis screening HAI's efforts to increase the rates of syphilis screening and treatment as a routine part of prenatal care have been very successful (see table of objectives, page 4). The initial intensive training and follow-up have been completed and the system now operates without extra inputs. Routine information systems allow tracking of the screening rates over time and have shown that they remain at consistently high levels.

Supervision of CLC activities by health unit staff. A centerpiece of community activities are the Community Leaders Councils (CLCs) who serve as a link between communities and health units, and conduct health discussions and health education in the communities. Initially HAI staff made initial and followup visits to each CLC and documented their progress. With the expansion of the numbers of CLCs, however, this approach was less feasible. Health unit staff are now being trained in specific responsibilities related to the CLCs in their communities and are now beginning to report on CLC activities and progress in achieving objectives.

School anti-AIDS clubs. Because the anti-AIDS clubs were organized in public schools with the assistance of teachers, HAI is now working towards assisting the Department of Public Education to institutionalize and expand the clubs. Initial discussions with DPE staff have been positive. HAI's extension program, if funded, will complete this phase-out activity.

## **G. Factors Affecting Program Management**

### Financial management

Because the program has experienced accounting staff and strong experience in managing program funds, no major problems in financial management have been encountered.

### Local partner relationships

Throughout the life of the CS program, there have been both successes and constraints with local partner organizations that are worthy of note. HAI's relationship with its local partners, the DPS in Manica and Sofala, remains one of the most obvious indicators of the success of the project.

The relationship with the DPS-Sofala has become incredibly strong over the three years of the project, and HAI program advisors have been well accepted by their counterparts. This rapid integration into the DPS system can be attributed to the incorporation of DPS counterparts in all stages of program implementation (planning, implementation, evaluation), the high quality of HAI technical staff, and in general attests to the importance of creating ownership with local partners. Though the relationship with the DPS-Manica was strong before the initiation of the CS project, this partnership has become even more concrete over the past three years. Because of this strong relationship with the DPS, activities based in the health services are efficiently introduced and rapidly taken to scale, and can be expected to continue long after the project ends.

HAI's support for local commercial sex-worker (CSW) organizations has exceeded expectations in Manica, and been more difficult in Sofala. With HAI's support the Organization for the Education of Women about AIDS (OMES), a local sex-worker peer educator organization, developed a successful 2-year proposal to significantly expand project activities in an additional two sites in the province. The project included funding for supporting programmatic activities and much needed organizational costs (such as administrative and salary support, opening three new meeting spaces, and other running costs). In Sofala, efforts to organize CSW's into an official NGO have not been successful. However, educational outreach activities continue to meet expectations, and the night STI clinic for CSW's continues to be a national model.

HAI's long-standing relationship with PAC continues to be strong, and the local theater troop remains a key component to HAI's community education and mobilization strategy. Though PAC is an effective mobilization tool, over 70% of the group's resources come from HAI project, bringing into question the sustainability of the group. HAI will continue to work with PAC to identify measures to increase the organization's financial independence. Though attempts to organize local theater groups in Sofala were unsuccessful in the first two years of project implementation, recent efforts have been effective. There are currently two independent theater groups working in the province, and HAI continues to provide technical assistance in the development of new plays. This development of new local theater groups is an important step in expanding street theater's influence into new and more distant communities.

#### PVO coordination/collaboration

HAI has been successful in collaborating and coordinating with other international PVOs working in overlapping geographic and/or programmatic areas. HAI continues to work in close coordination with Development Aid People to People (ADPP), an international NGO working in HIV/AIDS prevention, with a focus on youth and adolescents. This partnership has included sharing the costs associated with training youth peer educators, Anti-AIDS Club leaders and professors; shared supervisory duties in following up school and youth corner prevention activities; and providing technical assistance to each other in all aspects of youth HIV/AIDS prevention activities. This relationship with ADPP has been key to maximizing the coverage of this well-received program.

In addition to ADPP, HAI has received support from Population Services International (PSI) in establishing an ITN distribution program. HAI has received technical assistance from PSI field staff in initiating the ITN marketing program, designing educational materials, and developing appropriate social marketing messages. HAI continues to procure ITNs from PSI. This technical

and logistical support from PSI has been essential in establishing a successful ITN pilot, and HAI looks forward to continued collaboration as the ITN pilot project is expanded.

#### Other relevant management systems

No other management issues have been prominent in the previous year.

#### Organizational capacity assessments

Headquarters (HQ) staff of HAI underwent an Institutional Strengths Assessment in November 2000, facilitated by Child Survival Technical Support (CSTS) program staff. HAI's greatest observed strengths were in the use of technical knowledge and skills, in financial resource management and in management practices. Organizational learning and human resource management were areas of lower capacity. As a result of this assessment, HAI developed a plan for capacity strengthening that included developing new funding strategies, expanding the organizational structure, improving communication with and between field offices, and further developing field capacity in both staff and partners. An ISA follow-up conducted in November 2001 indicated that over half of planned activities had been fully or mostly implemented (see Appendix A). Two unexpected funding gaps over the past year explain a delay in carrying out some elements of the plan; HAI staff expect that the remaining action steps will be completed by the end of this CS grant.

HAI's routine annual financial audit was completed during the project year with no findings, indicating no concerns with accounting or administrative procedures or practices.

#### **H. Scale-up Potential**

The project has several major successes that warrant substantial scale up, including the following:

Prenatal syphilis screening has been a national norm for decades, but had not been implemented by the MOH despite a national prevalence of about 8-10% active syphilis in pregnancy. HAI, through development of new, simple methods, including patient flow changes, in-clinic blood draw, batch testing, in-clinic treatment, improved distribution systems of RPR and penicillin, and new monitoring systems. These changes have already been responsible for scale up to bi-provincial levels (population 2.5 million) and plans are being made for national level scale up with the MOH. The methods have been presented to the greater development community through presentations locally and nationally in Mozambique, CORE/USAID in Nairobi, Millwood, VA, and at the Annual APHA meeting. Furthermore, work has been done on rapid tests for syphilis in prenatal care in 10 health facilities far from laboratories, showing very good screening rates compared to standard methods. This is planned for scaling up bi-provincially as well.

Insecticide treated bednet distribution and retreatment using income generating social marketing by community leaders councils (CLCs) is another new innovation of the project with great potential. It has been shown to be much more successful than commercial distribution/retreatment in 2 target districts. Results were presented at national conferences in Mozambique and in Nairobi. Scale up of this approach is being proposed in the extension project.

Finally, several of the areas in which we have expanded into complementary CS activities (see below) in response to HIV are seen at the national MOH as service models that are likely to be scaled up in the near future.

### **I. Non-applicable guidelines**

All of the guidelines presented were relevant for the HAI program in Mozambique.

### **J. Other Relevant Information**

An important outcome of HAI's Child Survival grant in Mozambique has been the leveraging of other resources to expand and extend the reach of current CS activities. These new resources have been in two categories:

#### **1) Grants to expand current CS interventions:**

Over the past three years, HAI has received two substantial grants (and some smaller ones) that have allowed us to expand CS activities. One was the Health Services Delivery Strengthening (HSDS) subgrant from John Snow, Inc. for Manica Province that allowed a major expansion of clinical and community IMCI activities in that province. A second was a grant to expand malaria control activities from the Associated Schools of Public Health (ASPH) that provides for training of Mozambican personnel in operations research related to malaria control, development of capacity for resistance monitoring, and expansion of the bednets and IMCI activities in selected districts. Both of these grants have allowed us to substantially expand child survival activities in the program area.

#### **2) Grants to complement current CS interventions, making possible new activities.**

Other grants aimed to expand the scope of the CS program's original approaches to HIV/AIDS prevention and control. Because of the dramatic rise in HIV infection rates during the first years of the project, HAI was able to obtain grants from UNICEF and other funders to expand HIV prevention strategies into "youth corners" using a peer education approach. Other agencies provided support to assist the provincial health departments to develop voluntary counseling and testing centers in both provinces. Currently HAI is working with WHO funding to pilot test a program for prevention of mother-to-child transmission of HIV.



## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

1. Outlined below are action steps identified that your team planned to implement as a follow-up to the ISA. Please mark the extent to which each of these has been implemented, and describe any specific outcomes of the activity.

| Action Steps Identified   | Degree to which activity has been implemented:  | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion.              |
|---|---|--|
| <b>Developing New Funding Strategies</b>  |   |  |
| <ul style="list-style-type: none"> <li>Submit CS Grant Application for Ghana</li> </ul>   | <div style="display: flex; justify-content: space-around;"> <span>1<br/><input type="checkbox"/></span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input checked="" type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Not at all</span> <span>Completely</span> </div> | Not funded; resubmitting   |
| <ul style="list-style-type: none"> <li>Utilize a work study student to do internet document searches to support business plan development.</li> </ul> | <div style="display: flex; justify-content: space-around;"> <span>1<br/><input type="checkbox"/></span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Not at all</span> <span>Completely</span> </div> | Relevant funding sources identified, documented.   |
| <ul style="list-style-type: none"> <li>Visit East Timor to get additional grants</li> </ul>   | <div style="display: flex; justify-content: space-around;"> <span>1<br/><input type="checkbox"/></span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Not at all</span> <span>Completely</span> </div> | Dec. 2000 visit; invitation to submit grant to DHS; grant submitted to MOH; not funded but subsequently obtained foundation funding. |
| <ul style="list-style-type: none"> <li>Hire a full/part-time fundraiser</li> </ul>  | <div style="display: flex; justify-content: space-around;"> <span>1<br/><input checked="" type="checkbox"/></span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Not at all</span> <span>Completely</span> </div> | No funds available at this time  |

## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

| Action Steps Identified   | Degree to which activity has been implemented:  | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion. |
|---|---|---|
| <b>Improve Information and Communication</b>  |   |   |
| <ul style="list-style-type: none"> <li>Utilize work study students to identify State of the Art Resources</li> </ul>                      | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | 2 work-study students hired   |
| <ul style="list-style-type: none"> <li>Provide a monthly update on HAI general activities for field staff</li> </ul>                      | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Newly-hired administrator is assuming responsibility  |
| <ul style="list-style-type: none"> <li>Set objectives for HQ field visits: visitor call one month ahead to identify objectives</li> </ul> | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input checked="" type="checkbox"/><br/>Completely</span> </div> | More efficient use of both headquarter and field staff time.  |

## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

| Action Steps Identified  | Degree to which activity has been implemented:  | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion. |
|--|---|---|
| <b>Improve Information and Communication (continued)</b>   |   |   |
| <ul style="list-style-type: none"> <li>Get proposals from field on how to share lessons learned</li> </ul>                             | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Has been discussed with field staff; proposals pending.   |
| <ul style="list-style-type: none"> <li>Implement field ideas on how to share lessons learned</li> </ul>                                | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input checked="" type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | See above.  |
| <ul style="list-style-type: none"> <li>Expand internet usage for field staff</li> </ul>  | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Definite increase in e-mail use but slow connections and lack of English language skills limit usage of www.            |
| <ul style="list-style-type: none"> <li>Standardize formats for including lessons learned in trip reports, evaluations, etc.</li> </ul> | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Format standardized; implementation not complete.   |

## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

| Action Steps Identified  | Degree to which activity has been implemented:   | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion.                    |
|--|--|--|
| <b>Expanding Organizational Structure</b>  |  |  |
| <ul style="list-style-type: none"> <li>Update policies and procedures; include financial systems manual</li> </ul> | <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">1<br/><input type="checkbox"/><br/>Not at all</div> <div style="text-align: center;">2<br/><input type="checkbox"/></div> <div style="text-align: center;">3<br/><input type="checkbox"/></div> <div style="text-align: center;">4<br/><input checked="" type="checkbox"/></div> <div style="text-align: center;">5<br/><input type="checkbox"/><br/>Completely</div> </div> | A few minor headquarters gaps; recent field changes need updates   |
| <ul style="list-style-type: none"> <li>Hire a full time technical staff person</li> </ul>                          | <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">1<br/><input checked="" type="checkbox"/><br/>Not at all</div> <div style="text-align: center;">2<br/><input type="checkbox"/></div> <div style="text-align: center;">3<br/><input type="checkbox"/></div> <div style="text-align: center;">4<br/><input type="checkbox"/></div> <div style="text-align: center;">5<br/><input type="checkbox"/><br/>Completely</div> </div> | Loss or major delay of 2 expected grants limited new hires. Strong possibility of one or two additional part-time staff early to mid 2002. |
| <ul style="list-style-type: none"> <li>Community Outreach Locally</li> </ul>                                       | <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">1<br/><input type="checkbox"/><br/>Not at all</div> <div style="text-align: center;">2<br/><input type="checkbox"/></div> <div style="text-align: center;">3<br/><input type="checkbox"/></div> <div style="text-align: center;">4<br/><input checked="" type="checkbox"/></div> <div style="text-align: center;">5<br/><input type="checkbox"/><br/>Completely</div> </div> | Greatly increased activity in community by HAI staff; with plans to institutionalize it further.   |

## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

| Action Steps Identified   | Degree to which activity has been implemented:  | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion. |
|---|---|---|
| <b>Developing Field Capacity</b>  |   |   |
| <ul style="list-style-type: none"> <li>Workstudy student respond to field requests for State of the Art (SOTA) Information</li> </ul> | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Requests have been minimal, but work-study students are available.  |
| <ul style="list-style-type: none"> <li>Clarify field staff concerns related to professional development</li> </ul>                    | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input checked="" type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Still needs further discussion with field staff.  |
| <ul style="list-style-type: none"> <li>Work with CSTS to create mechanisms for SOTA</li> </ul>  | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | CSTS has been responsive to requests for information although we may be under-utilizing this resource.                  |
| <ul style="list-style-type: none"> <li>Budget professional development into new grant applications</li> </ul>                         | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Few new proposals have allowed for funds to pay for professional development. Written into current CS proposals.        |
| <ul style="list-style-type: none"> <li>Circulate e-mails on CORE listserve about professional development</li> </ul>                  | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Info on relevant opportunities circulated to field.   |
| <ul style="list-style-type: none"> <li>Performance appraisal system for field staff (use UW system)</li> </ul>                        | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Performance tools developed and in early implementation stages.   |

## Institutional Strengths Assessment

### HAI Follow-up Questionnaire

| Action Steps Identified   | Degree to which activity has been implemented:  | Please describe any specific outcomes of this activity or resource needed to move the status further toward completion. |
|---|---|---|
| <b>Other Activities</b>   |   |   |
| <ul style="list-style-type: none"> <li>Ask field staff for ideas on involving the community members in program design and evaluation</li> </ul> | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input checked="" type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Discussed with field staff re: current proposals.   |
| <ul style="list-style-type: none"> <li>Share this report with the Board</li> </ul>  | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input checked="" type="checkbox"/><br/>Completely</span> </div> | Report distributed and discussed at Board meeting with positive response.   |
| <ul style="list-style-type: none"> <li>Fit this report into HAI's Strategic Plan</li> </ul>   | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input checked="" type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div> | Only minimal recent updates to strategic plan.  |
| <b>Any additional Action Steps determined after the ISA, but not recorded in the final report.</b>  |   |   |
|   | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div>            |   |
|   | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div>            |   |
|   | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1<br/><input type="checkbox"/><br/>Not at all</span> <span>2<br/><input type="checkbox"/></span> <span>3<br/><input type="checkbox"/></span> <span>4<br/><input type="checkbox"/></span> <span>5<br/><input type="checkbox"/><br/>Completely</span> </div>            |   |

# **Institutional Strengths Assessment**

## **HAI Follow-up Questionnaire**

2. For those activities that have implemented only modestly or not at all, please list below the major obstacles you have encountered to implementation.

The main obstacles seem to be:

- Overloaded HQ staff
- Overloaded field staff
- Limited field office internet capacity (Mozambique and East Timor)
- Funding constraints, both for new staff at HQ and professional development for field staff

3. In what other ways have you utilized the ISA experience and results? (Feed into other strategic planning processes, adapt the tool/process to work with partners or other programs, etc.)

After the ISA retreat a number of the action plan items were included into HAI operating procedures (e.g., developing clear objectives for HQ visits to field; standardizing the trip report format; greater use of work-study students). The process was discussed at length with the HAI Board of Directors and they took on responsibility for facilitating one specific planned output, greater community outreach activities. As a result, HAI has been involved in a number of high-profile community events, and has been able to discuss many of the current issues in health and development at a fairly large scale.

4. Based on your experience with ISA, would you do it again at an appropriate time / occasion? If yes, would you be willing to share the costs for the time of an ISA facilitator?

Yes, HAI staff would be very interested in repeating this process and would be willing to share costs for doing so. The next time it is done, we would hope to involve key Board members as well.

5. Retrospectively, do you feel you had included the 'right stakeholders' in the self-assessment? What would you change in the composition of the self-assessment group?

As noted above, additional relevant stakeholders would be board members. We would also consider including one or two of the regular work-study students who would provide valuable input and would also be able to help coordinate followup activities.

6. Have other needs arisen in your organization since completing the ISA that you feel CSTS might be able to assist you with? If so, please describe these below:

At this point we are working on our field assessment tool and it would be useful to have comments from CSTS staff on it before we put it to use.

7. Please provide any additional comments you would consider critical for improving the ISA methodology.

Ideally we will at some point be able to have one of the HAI staff members trained in an HAI ISA approach that would be standardized for both HQ (and done at regular intervals) and field levels. If that occurs we would be interested in CSTS input into the training and other preparation

## **Institutional Strengths Assessment**

### **HAI Follow-up Questionnaire**

needed for that to occur (it will of course depend on the availability of an appropriate staff member).

Thanks very much! It was useful to go back over the ISA results in some detail with both field and HQ staff.